

PATENT

Attorney's Docket No. **20083.22140**

COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION OR CIP)

As a below named inventor, I hereby declare that this declaration is of the following type: (check one applicable item below)

☒ original

☐ design

☐ supplemental

[NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application do not check next item; check appropriate one of last three items.]

☐ national stage of PCT

[NOTE: If one of the following 3 items apply then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.]

- ☐ divisional
- ☐ continuation
- ☐ continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

[**WARNING:** If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.]

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor or an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD FOR PROVIDING PERSONALIZED MEDICAL CARE

SPECIFICATION IDENTIFICATION

The specification of which: (complete (a), (b) or (c))

- (a) ☒ is attached hereto.
- (b) ☐ was filed on _____, Serial No. 0 / _____, by Express Mail No. _____; or
- ☐ was filed on _____, Serial No. not yet know, by Express Mail No. _____; or as
- (c) ☐ was described and claimed in PCT International Application No. _____ filed on _____ and as amended under PCT Article 19 on _____ (if any).

[NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.]

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to the person to be material to patentability as defined in § 1.56.

☐ In compliance with this duty there is attached an information disclosure statement, 37 CFR 1.97.

CLAIM PRIORITY TO FOREIGN APPLICATION

I hereby claim foreign priority benefits under Title 35, United States Code 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

(d) ☒ no such applications have been filed.

(e) ☐ such applications have been filed as follows.

[NOTE: Where item (c) is entered above and the International Application which designated the U.S. claimed priority check item (e), enter the details below and make the priority claim.]

**EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

COUNTRY	APPLICATION No.	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

**ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

CLAIM PRIORITY OF PROVISIONAL APPLICATION

I hereby claim domestic priority benefits under Title 37, Code of Federal Regulations § 1.78 (a)(3)-(4) of any provisional application(s) filed in accordance with Title 35, United States Code § 111(b) and Title 37, Code of Federal Regulations § 1.51(a)(2) and § 1.53(b)(2).

(complete (f) or (g))

(f) ☒ no such provisional applications have been filed.

(g) ☐ such provisional applications have been filed as follows:

[NOTE: Where item (g) is entered above, enter the details below and make the priority claim.]

DOMESTIC (PROVISIONAL) APPLICATION(S), IF ANY, FILED WITHIN 12 MONTHS PRIOR TO THIS NON-PROVISIONAL U.S. APPLICATION

PROVISIONAL APPLICATION SERIAL NO.	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 CFR § 1.78(a)(4)
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO

CLAIM PRIORITY OF NON-PROVISIONAL APPLICATION

I hereby claim domestic priority benefits under Title 37, Code of Federal Regulations § 1.78 (a)(1)-(2) of any non-provisional application(s) filed in accordance with Title 35, United States Code § 111(b) and Title 37, Code of Federal Regulations § 1.51(a)(2) and § 1.53(b)(2).

(complete (f) or (g))

(f) ☒ no such non-provisional applications have been filed.

(g) ☐ such non-provisional applications have been filed as follows:

[NOTE: Where item (g) is entered above, enter the details below and make the priority claim.]

DOMESTIC (NON-PROVISIONAL) APPLICATION(S), IF ANY, FILED WITHIN 12 MONTHS PRIOR TO THIS NON-PROVISIONAL U.S. APPLICATION

NON-PROVISIONAL APPLICATION SERIAL NO.	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 CFR § 1.78(a)(1)-(2)
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Daniel A. Thomson

Reg. No. 43,189

(check the following item, if applicable)

☐ Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO

Daniel A. Thomson
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DIRECT TELEPHONE CALLS TO:

Daniel A. Thomson

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DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

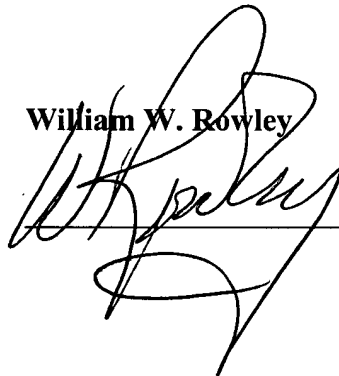
Full name of ~~sole~~ or first inventor:

William W. Rowley

Date:

7/8/2003

Inventor's signature:



Country of

USA

Citizenship:

Residence:

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CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION

☐ Signature for third and subsequent joint inventors. Number of pages added: _____

☐ Signature by administrator (trix), executor (trix) or legal representative for deceased or incapacitated inventor. Number of pages added: _____

☐ Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added: _____

☐ Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application. Number of pages added: _____

☐ Authorization of attorney(s) to accept and follow instructions from representative

If no further pages form a part of this Declaration then end this Declaration with this page and check the following item.

☒ This declaration ends with this page